SECURITIES AND EXCHANGE COMMISSION OMB NUMBER: 3235-0076 Expires: April 30, 2008 Washington, D.C. 20549 Estimated average burden hours per response.. FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D Serial **SECTION 4(6) AND/OR** UNIFORM LIMITED OFFERING EXEMPRION Date Received Name of Offering (check if this is an amendment and name has changed, and indicate change.) Senior Subordinated Notes Filing Under (Check box(es) that apply): □ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) □ ULOE Type of Filing: ☐ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Outlook Group Corp. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1180 American Drive, Neenah, WI 54956 (920) 722-2333 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Printing, packaging and direct marketing company Type of Business Organization □ corporation ☐ limited partnership, already formed □ other (please specify): □ business trust ☐ limited partnership, to be formed Month 8 7 Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. Persons who respond to the collection of information contained in this form SEC 1972 (6-02) 1 of 8 are not required to respond unless the form displays a currently valid OMB control number.

UNITED STATES

FORM D

OMB APPROVAL

	- "	A. BASIC IDENTIFICA	ATION DA	ТА		
 Each beneficial owner securities of the issuer; 	ssuer, if the issuer having the power to; and director of corp	nas been organized within o vote or dispose, or direct porate issuers and of corpo	the vote or	disposition of		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Execu Execu	itive Officer	☑ Director	☐ Trustee
Full Name (Last name first, if in	dividual)					1
Baksha, Joseph J.						
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)			
Joseph J. Baksha, c/o Outlook	Group Corp. 118	A American Drive Neen	ab WI 549	56		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		itive Officer	□ Director	☐ General and/or
Full Name (Last name first, if in	dividual)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·· <u></u>	Managing Partner
	<i>5.716661)</i>					
Drewek, Paul Business or Residence Address	Numh	er and Street, City, State, 2	Zin Code)			
	•		. ,			!
Paul Drewek, c/o Outlook Gro Check Box(es) that Apply:	up Corp., 1190 An ☐ Promoter	nerican Drive, Neenah, V Beneficial Owner		itive Officer	☐ Director	☐ General and/or
Check Box(es) that Apply.	- Promoter	Deliciticiai Owlici	M Execu	live Officer	[] Director	Managing Partner
Full Name (Last name first, if in	dividual)					
Collier, Jeffry						
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)			
Jeffry Collier, c/o Outlook Gro	oup Corp., 1180 A	merican Drive, Neenah, V	WI 54956			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		tive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				···-	ivialiaging faither
Johannes, Rhonda				,		
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)			
Phonda Johannes a/a Quitach	•	•	• •))F(
Rhonda Johannes, c/o Outlook Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner		tive Officer	Director	☐ General and/or
Full Name (Last name first, if inc	dividual)					Managing Partner
· · · · · · · · · · · · · · · · · · ·	,					
Outlook Group Holdings, LLC Business or Residence Address		er and Street, City, State, 2	Zin Code)]		<u>i</u>
	•	•	•			
Outlook Group Holdings, LLC Check Box(es) that Apply:	∴, c/o John Hancoc	Beneficial Owner □ Beneficial Owner		irendon Stree itive Officer	t, Boston, MA (☐ Director	DZ117 ☐ Assistant Clerk
Full Name (Last name first, if in	dividual)					
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)			!
Cl. I.D. () I.A. I.				1: 0.07		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□ Execu	tive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)	-				
Business or Residence Address	Numb	er and Street, City, State, 2	Zin Code)			
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	(Use blank sheet, o	or copy and use additional	copies of the	is sheet, as ne	cessary.)	

<u> </u>				B. INF	ORMATIO	ON ABOU	r offer	RING		9		
1. Has the issuer sold, or does the issuer intend to sell, to non accredited investors in this offering?								1	Yes	No ⊠		
			Ans	wer also in	Appendix,	Column 2,	if filing u	nder ULOE.				
2. What is th	e minimun	n investmen	nt that will b	e accepted	from any in	ndividual?.					\$ <u>N/A</u>	*
* Subject	to the disc	retion of the	e Issuer.								Yes	No
3. Does the	offering per	mit joint ov	wnership of	a single un	it?	• • • • • • • • • • • • • • • • • • • •						⊠
4. Enter the remuneration agent of a bropersons to be Full Name (L	for solicita ker or deal listed are a	ation of pur ler registere associated p	chasers in c d with the S ersons of st	onnection of SEC and/or	with sales o with a state	f securities e or states, l	in the off	ering. If a pe me of the bro	rson to be ker or deal	listed is an er. If mor	n associate e than five	ed person or
Business or F	Residence A	Address (Nu	imber and S	treet, City,	State, Zip (Code)						
Name of Ass	ociated Bro	ker or Deal	ler									
States in Wh	ch Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
(Check "	All States"	or check in	dividual St	ates)		•••••						☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Asso	ociated Bro	ker or Deal	er					•			····	
States in Whi (Check ".			Solicited or dividual Sta			hasers						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi		idual)						•			
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)				_		
Name of Asso	ociated Bro	ker or Deale	er									
States in Whi (Check "A	ch Person L All States"	isted Has S or check in	Solicited or dividual Sta	Intends to 5 ites)	Solicit Purc	hasers						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt _____ Equity □ Common □ Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify). Senior Subordinated Notes. \$ 13,600,000 \$13,600,000 \$13,600,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases Aggregate on the total lines. Enter "0" if answer is "none" or "zero." Number Dollar Amount Investors of Purchases Accredited Investors \$13,600,000 Non-accredited Investors Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol to t nt 4. a.

d by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.		N/A	4
Type of offering	Type of Security		Dollar Amoun
Rule 505	N/A	1	\$ <u>N/A</u>
Regulation A	N/A	<u> </u>	\$ <u>N/A</u>
Rule 504	N/A	<u> </u>	\$ <u>N/A</u>
Total	N/A	<u> </u>	\$_N/A
Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees	***************************************		\$0
Printing and Engraving Costs			\$0
Legal Fees		⊠	\$100,000
Accounting Fees	***************************************		\$0
Engineering Fees			\$0
Sales Commissions (specify finders' fees separately)			\$ 0
Other Expenses (identify) Blue Sky filing fees		⊠	\$850
Total	• • • • • • • • • • • • • • • • • • • •	Ø	\$ <u>100,850</u>
i de la companya de		i	

C. OFFERING PRICE	NUMBER OF INVESTORS, EXPENS	ES AND USE O	F P	ROCEEDS	3		
b. Enter the difference between the aggregat 1 and total expenses furnished in response "adjusted gross proceeds to the issuer."	to Part C - Question 4.a. This difference	is the				\$	13,499,150
 Indicate below the amount of the adjusted gr used for each of the purposes shown. If the a estimate and check the box to the left of the a the adjusted gross proceeds to the issuer set f 	mount for any purpose is not known, furrestimate. The total of the payments listed	ish an must equal		Payments	to		
				Officers, Directors Affiliates	s, &	P	ayments To Others
Salaries and fees				\$	[]	\$
Purchase of real estate				\$	[□	\$
Purchase, rental or leasing and installation	on of machinery and equipment			\$	[⋾	\$
Construction or leasing of plant building	s and facilities	ļ		\$	(\$
offering that may be used in exchange for							
·		ł			Î		\$ <u>13,499,150</u>
• •		i		\$	i		\$
Working Capital				\$	1		\$
Other (specify):		<u> </u>		\$	<u> </u>		\$
					<u> </u>		
		<u> </u>		\$	<u> </u>		\$
Column Totals		<u> </u>		\$	_ 1	Ď	s <u>13,499</u> ,150
Total Payments Listed (Column totals ac	lded)			ĎΣ	s <u>13</u>	3 , 4	<u>199,1</u> 50
	D. FEDERAL SIGNATURE					_	
The issuer has duly caused this notice to be sign following signature constitutes an undertakin of its staff, the information furnished by the	ng by the issuer to furnish to the U.S. Secu	rities and Exchan	ge (Commissio	n, upo		
Issuer (Print or Type)	Signature			Date		_	
Outlook Group Corp.	Paul M Dree	rel		8/	7/	/	06
Name of Signer (Print or Type)	Title of Signer (Print or Type)				ļ		-
Paul M. Drewek	Secretary						
	ATTENTION -	1			1		0.0.4001
Intentional misstatements or omis-	sions of fact constitute federal	criminal viol	ati	ons. (Se	e 18	ιIJ	S.C. 1001.)